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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/1632,478</i>	Filing Date <i>2/14/05</i>		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10		<i>5</i>					60		
11							61	<i>5</i>	
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26		<i>4</i>					76		
27		<i>4</i>					77		
28		<i>4</i>					78		
29		<i>4</i>					79		
30		<i>4</i>					80		
31		<i>4</i>					81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	<i>1</i>						Total Indep	<i>2</i>	
Total Depend	<i>108</i>						Total Depend	<i>200</i>	
Total Claims	<i>109</i>						Total Claims	<i>202</i>	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/652,478</i>	Filing Date <i>2/14/05</i>	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep
i01		4					51	
i02		5					52	
i03		4					53	
i04		4					54	
i05		4					55	
i06		4					56	
i07		4					57	
i08		4					58	
i09		4					59	
i10		4					60	
i11		4					61	
i12		4					62	
i13		4					63	
i14		4					64	
i15		4					65	
i16		4					66	
i17		4					67	
i18		4					68	
i19		4					69	
i20		4					70	
21		4					71	
22		4					72	
23		4					73	
24		4					74	
25		4					75	
26		4					76	
27		4					77	
28		4					78	
29		4					79	
30		4					80	
31		4					81	
32		4					82	
33		4					83	
34		4					84	
35		4					85	
36		4					86	
37		4					87	
38		4					88	
39		4					89	
40		4					90	
41		4					91	
42		4					92	
43		4					93	
44		4					94	
45		4					95	
46		4					96	
47		4					97	
48		4					98	
49		4					99	
50		4					100	
Total Indep	<i>2</i>						Total Indep	
Total Depend	<i>256</i>						Total Depend	
Total Claims	<i>258</i>						Total Claims	

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